



FEDERAL ELECTION COMMISSION RQ-3
WASHINGTON, D.C. 20463

May 29, 1997

Jerry A. Hodge, Treasurer
Beaver County Democratic Committee
Federal Election Account
163 Pinchurst Drive
Freedom, PA 15042

Identification Number: C00244657

Reference: April Quarterly (1/1/96-3/31/96), October Quarterly (7/1/96-9/30/96),
Year End (11/26/96-12/31/96) and July Quarterly (4/1/96-6/30/96)
Reports

Dear Mr. Hodge:

This letter is to inform you that as of May 28, 1997, the Commission has not received your response to our requests for additional information dated May 7, 1997. These notices request information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to these requests (copies enclosed).

If no response is received within fifteen (15) days from the date of this notice, the Commission may choose to initiate audit or legal enforcement action.

If you should have any questions regarding this matter, please contact J.P. Andre' on our toll-free number (800) 424-9530 or our local number (202) 219-3580.

Sincerely,

A handwritten signature in cursive script, reading "John D. Gibson", is positioned above the typed name.

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosures



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

MAY 7 1997

Jerry A. Hodge, Treasurer
Beaver County Democratic Committee
Federal Election Account
163 Pinehurst Drive
Freedom, PA 15042

Identification Number: C00244657

Reference: April Quarterly (1/1/96-3/31/96), October Quarterly (7/1/96-9/30/96)
and Year End (11/26/96-12/31/96) Reports

Dear Mr. Hodge:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) and 11 CFR §110.1(d) preclude a committee from receiving contributions from another political committee or person in excess of \$5,000 per calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If the contribution(s) you received exceeded the limits, you must seek reattribution of the contribution pursuant to 11 CFR §110.1(k), transfer-out the amount in excess of \$5,000 to an account not used to influence federal elections or refund the excessive amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all reattributions, transfers-out, and refunds should be made within sixty days of the treasurer's receipt of the contribution(s). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of granting written authorization for a reattribution or transfer-out to another account or receiving a refund.

Celebrating the Commission's 20th Anniversary

YESTERDAY, TODAY AND TOMORROW
DEDICATED TO KEEPING THE PUBLIC INFORMED

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek reattribution, transfer-out or refund the excessive amount will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,



J. P. Andre, Jr.
Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

(Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 3 OF 4
FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Beaver County Democratic Party Committee (Florida) Election Account

A. Full Name, Mailing Address and ZIP Code Citizens for the State 276 Cannon Drive Jacksonville, FL 32204 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer US Commerce Occupation US Commerce AD Aggregate Year-to-Date \$ 12,866.48	Date (month, day, year) 12-1-96	Amount of Each Receipt This Period 350.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt This Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt This Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE **OF**
FORM LINE NUMBER

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NAME OF COMMITTEE (in Full)

Green County Democratic Party Committee Federal Election Account

A. Full Name, Mailing Address and ZIP Code

~~Barbara H. Hinkle~~
 Contributor for Ann Hinkle
 320 Cannon Street
 Asheville, N.C. 28601

Receipt For:

☐ Primary☐ General☒ Other (specify):

Contribution to Party

Name of Employer

United States Customs
 Dist. House of Representatives
 Washington D.C.

Occupation

U.S. Customsman

Date (month,
day, year)

9/30/96

Amount of Each
Receipt this Period6050⁰⁰Aggregate Year-to-Date > 2 12, 10⁰⁰

B. Full Name, Mailing Address and ZIP Code

Receipt For:

☐ Primary☐ General☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Aggregate Year-to-Date > 0

C. Full Name, Mailing Address and ZIP Code

Receipt For:

☐ Primary☐ General☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Aggregate Year-to-Date > 0

D. Full Name, Mailing Address and ZIP Code

Receipt For:

☐ Primary☐ General☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Aggregate Year-to-Date > 0

E. Full Name, Mailing Address and ZIP Code

Receipt For:

☐ Primary☐ General☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Aggregate Year-to-Date > 0

F. Full Name, Mailing Address and ZIP Code

Receipt For:

☐ Primary☐ General☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Aggregate Year-to-Date > 0

G. Full Name, Mailing Address and ZIP Code

Receipt For:

☐ Primary☐ General☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)Amount of Each
Receipt this Period

Aggregate Year-to-Date > 0

SUBTOTAL of Receipts This Page (optional)

6050⁰⁰

TOTAL This Period (last page this line number only)

6050⁰⁰

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PAGE 3 OF 4
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

BERNE County Democratic Committee Federal Election Account

A. Full Name, Mailing Address and ZIP Code

CITIZENS for ROX KLARK
226 COURT DRIVE
JEANETTE, PA. 15644

Receipt For:

☐ Primary ☐ General
☒ Other (specify): DONATION

Name of Employer

UNITED STATES DEPT. OF JUSTICE

Date (month, day, year)

3/21/94

Amount of Each Receipt This Period

6050⁰⁰

Occupation

U.S. CONGRESSMAN

Aggregate Year-to-Date

6050⁰⁰

B. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

Occupation

Aggregate Year-to-Date

Receipt For:

☐ Primary ☐ General
☐ Other (specify):

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

Occupation

Aggregate Year-to-Date

Receipt For:

☐ Primary ☐ General
☐ Other (specify):

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

Occupation

Aggregate Year-to-Date

Receipt For:

☐ Primary ☐ General
☐ Other (specify):

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

Occupation

Aggregate Year-to-Date

Receipt For:

☐ Primary ☐ General
☐ Other (specify):

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

Occupation

Aggregate Year-to-Date

Receipt For:

☐ Primary ☐ General
☐ Other (specify):

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

Occupation

Aggregate Year-to-Date

Receipt For:

☐ Primary ☐ General
☐ Other (specify):

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